U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fa lure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
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1. File Number U - 220919	2. Fiscal Year Covered From:	
a companient of the state of th	01/01/2/34 Through: [2/31/2004]	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name PHILIP : - LUKIC-	Name BCTGM L-U 19	
	Labor Organization File Number 022303	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1970 E195T.	Street 1870 £.19 57.	
city CLEVELAND	City CLEVERAND	
State OHTO ZIP Code +4 44114	State OH10 ZIP Code + 4 44114	
5. Position in labor organization. FINANCIFE SERETARY AND BUSINESS AGENT		
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclusion)	suse or minor child directly or indirectly had any of the following interests usions set forth in the instructions;:	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of ion represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name NA	NA	
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
	7.b. Amount.	
Street		
The state of the s		
City		
State ZIP Cod€ + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, une, correct, and complete. (See the section on penalties in the instructions.)		
Signed Amphilia	On 8/15/9005 216-771-5386 Date Telephone Number	

Name of Person Filing DHUP LUKIC	ne of Person Filing DATUR LUKIC			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name BAKES Local 19 CER FIND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1970 K.19 ST. City CURVERAND State OHO ZIP Cods + 4 LIMITE	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	11.b. Approximate dollar va	Tic(Pg.MT		
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	12.b. Amount. er parts A and B above) or other thing of value.	396.00		
13.a. Name and address of Employer or Labor Relation's Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	14.a. Nature of payment.			
Street City State ZIP Code - 4		. managan and a same and a same and a same and a same a same and a same a same a same a same a same a same a s		
13.b. Is the Business an Employer : or Consultant ?	14.b. Amount of paymen	1		

Form LM-30 (2003)

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name CUULLAND BAKINS/TEAMSTITES HAW FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1870 F19 ST. City CULUMAND	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion		
State 0 # 0 ZIP Coce + 4 44114				
10. If 9.b. or 9.c. is checked give trust or employer's rame. Name CUDIEUMO BAKERS HEW FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1070 E19 ST. CEE City CUDIEUMANO State 8 60 ZIP Code + 4 44114	11.a. Nature of such dea in ALTERNATE TO PARTICIPAN 11.b. Approximate dollar valu 12.a. Nature of interest heich REGISTNATION NLMC 2.6	WSTEG OF FU TOF FU e of such dealing, thor income received.	, Qw	
	12.b. Amount.		4745.00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		-0-	

Form LM-30 (2003)

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8. Name and address of Business (including trade name, if any).	9. Business deals with: a. Labor Organization b. Trust			
Name BAKERS LOCAC 19 CEN LAND				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any Street 1870 12 19 ST	c. Employer			
City CHAPANO				
State OHO ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ling.		
Name	FIND PARC	Ticl PANT		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name	NON U.			
Trade Name, if any:				
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of paymen	t		

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8. Name and address of Business (including trade name, if any). Name BALONS LOCAL ST SERVING Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 870 F19 97. City CLONE AND State AHO ZIP Coxle + 4 44414	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bkdg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. FUND PARTICIPANT. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. DIAMON-FOR STAFF FOLLOWING TRUST SPINSORED EVENT OUT OF TONN DUENNIGHT.		
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or from any labor relations consultant to an employe: any payment of money 13.a. Name and address of Employer or Labor Relatior's Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
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